Michigan Department of Community Health, Communicable Disease Division, HIV/STD/VH/TB Epidemiology Section

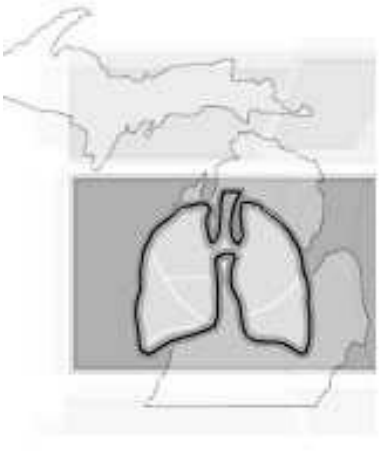
TB TidBits

Volume 3, Issue 1 Winter 2013 www.michigan.gov/tb

News

The **Michigan Advisory Committee to Eliminate Tuberculosis (MIACET)** met in Lansing on November 29, 2012. Presentations are available at www.michigan.gov/tb in the Health Care Professionals tab. The Michigan TB Program Evaluation Steering Committee is a sub-group of MIACET. This committee discussed the details of looking at sputum culture conversion documentation in Michigan in 2013. Cohort review will continue to be vital to collecting data about HIV testing documentation in addition to sputum culture conversion documentation.

A MIACET sub-committee to address issues of TB patients who are homeless is being formed. Please contact Peter Davidson, TB Unit Manager if you would like to be a part of this group.



TB Medication shortage : CDC has released a health advisory regarding the ongoing national shortage of isoniazid, one of the primary medications used to treat tuberculosis disease and latent tuberculosis infection. The CDC health advisory and MDCH TB Program recommendations for prioritized use of isoniazid can be found in the Alert Details section of the Michigan HAN Homepage. CDC has also identified Teva Pharmaceuticals to provide emergency allocations of isoniazid, and these allocations are available to local health departments. For guidance on how to access these allocations, or for questions or concerns regarding treatment for tuberculosis disease or latent tuberculosis infection, contact the MDCH TB Program at 517-335-8165. Clinical consultation will be available if needed.

Michigan Department of Community Health, Communicable Disease Division, HIV/STD/VH/TB Epidemiology Section

201 Townsend St.
Capitol View Bldg, 5th floor
Lansing, MI 48913
Phone: 517-335-8165

Resources

- Do you wonder about the relationship of human TB to *M. bovis* in cattle and deer in Michigan? There is a webinar available from the Heartland National TB Center: "Understanding *Mycobacterium bovis*". Go to the training page: http://www.heartlandntbc.org/trngarchives.asp and search for this interesting presentation (select year 2011).
- Do you get questions from primary care offices about TB? "A patient has a positive skin test, what do I do next?" "A patient wants a blood test for TB instead of a skin test, but that only tests for active TB, right?" "My patient has had BCG, so a skin test will be positive. What other options do we have?" There is a concise review on the CDC website titled Latent Tuberculosis Infection: A Guide for Primary Health Care Providers: http://www.cdc.gov/tb/publications/LTBI/diagnosis.htm#2

What's in this issue

Definitions: What is the difference between NAAT and HPLC – Mtb complex?

During cohort reviews, questions about the NAAT fields in the RVCT were common. NAAT is an acronym for Nucleic Acid Amplification Test. At the MDCH lab, this test is performed routinely on sputum specimens that are AFB smear-positive. Because the test is done directly from the sputum specimen, the amount of AFB present may be low, requiring the amplification of the RNA present in the sample. The results are available within 24-48 hours of the AFB slide result. The result is reported as "Mycobacterium tuberculosis complex rRNA detected [or] not detected". Some labs may use different terminology. If the specimen report does not indicate the presence or absence of rRNA, a NAAT test was not performed.

At the MDCH lab, once a culture shows growth, a confirmatory identification will be done. Amplification is not necessary at this point, and the identification will be done by HPLC (culture result in the RVCT) or an Accuprobe . This result is reported as "Mycobacterium tuberculosis complex" and is usually reported 1-2 weeks after the slide result.

In summary, if the report indicates the presence or absence of rRNA, the NAAT test was performed.

MDSS: Tips

Please remember the following important points when entering cases of suspect or active disease into MDSS.

- Before a case is confirmed and counted by MDCH staff, the investigation status should remain "New." MDCH staff will normally change the status to "Active" after the case is confirmed and counted.
- LHD staff should complete pages 1-5 in the RVCT within 30 days and change the status to "Review" as a signal that this has been completed. MDCH staff will review for data submission to CDC and then change the status to "Completed-follow-up". Cases should remain at this status until treatment is complete.
- Once treatment is complete, LHD staff should complete the Follow-up 2 section of the RVCT and again change the status to "Review" to signal MDCH staff. MDCH staff will then review for completion.

The "Notes" tab in MDSS is a place where MDCH and LHD staff can add pertinent information or questions.

Please also remember:

- Patient history, without medical documentation, should not be accepted for any of the clinical, treatment, or laboratory information requested on the Tuberculosis Case Reports. The information required by the forms can however, be obtained from any documented medical records such as those found in hospitals, clinics, directly observed therapy records, pharmacy and prescription records.
- In the demographics area of the Detail form, do not enter a country of birth as a nationality. The country of birth is captured later in the form.

The MDSS: Suspect/Active Tuberculosis Case Reporting Guide is available on our website (http://www.michigan.gov/documents/mdch/MDSS_Suspect_Active_TB_Case_Reporting_Guide_358940_7.pdf). You can also earn 5 CEUs at: http://www.cdc.gov/tb/programs/rvct/ParticipantManual.pdf

Jim Collins, MPH, RS
CD Division Director
collinsj12@michigan.gov
Karen MacMaster, MPA
HIV/STD/VH/TB Epi Section Manager
macmasterk@michigan.gov
Peter Davidson, PhD
TB Unit Manager
davidsonp@michigan.gov
Noreen Mollon, MS
TB Epidemiologist
mollonn@michigan.gov
Patty Raines, RN, MSN
TB Nurse Consultant
rainesp@michigan.gov

TB TidBits

TB TidBits is a quarterly newsletter that will cover many aspects of TB control.

We want to hear from you!

- What would you like to know more about?
- Do you have strategies that you would like to share?
- Do you have announcements or job postings?
- Is your jurisdiction/area using IGRA's? If you are using IGRA, which do you use?

If you have something you would like to share that highlights your program, or a success story let us know.